PHCs in Rajasthan

2355. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Primary Health Centres functioning in Rajasthan;

(b) whether these Centres are adequate to meet the need of general public as per national norms and population;

(c) whether these PHCs have basic infrastructure to deal with the general and specialised requirements of the patients;

(d) whether Government propose to open new PHCs, in near future, and

(e) if so, the details thereof and what would be the contribution of the Central Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) A total of 1713 Primay Health Centres [PHC] are functioning in Rajasthan.

(b) As per block level population norms, [2001 census], there is a shortfall of 179 Primary Health Centres in Rajasthan State.

(c) There is a shortage of 204 Primary Health Centres with buildings.

(d) and (e) Yes, Sir. During the current financial year 22 PHCs are likely to be opened under the State Plan out of which sanction for 3 PHCs have been issued. As the PHCs would be opened under State Plan, so no Central Government contribution has been sought.

Availability of beds in AIIMS

2356. SHRI MOTIUR RAHMAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether due to lack of bed availability, AIIMS is not admitting seriously injured and ill persons;

(b) if so, the steps taken to reserve beds especially for the seriously injured and ill persons;

(c) the total number of beds as on date and whether there is any proposal to increase their numbers and if not, the reasons therefor; and

(d) the steps proposed to be taken to improve the quality of medical care in Safdarjung Hospital to reduce the load of AIIMS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) In the Casualty/Emergency life saving situations all efforts are made to admit the seriously ill and injured patients. In case of non-availability of beds, such patients are accommodated in the other beds available in the Hospital. However, in case of even non-availability of other beds, patients are normally referred to other Government Hospitals for admission and continuation of treatment through AIIMS Ambulance

(c) As on 30.04.2006, the sanctioned bed strength at AIIMS is 1995. The increase in bed strength is a continuous ongoing process and depend upon patient load, availability of resources, etc.

(d) While steps are taken to upgrade the infrastructural facilities at Safdarjung Hospital, the Government has also drawn up the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), for setting up six Super Specialty AIIMS like Institutions in under-served areas with a view to reducing patient load, as substantial number of patients at AIIMS come from these under-served States. It is also proposed to upgrade some of the existing Government Medical Colleges/Institutions to the level of AIIMS.

Refusal of treatment to CGHS beneficiaries

2357. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the Central Government Hospitals in Delhi in which CGHS beneficiaries are treated separately;

(b) whether it is a fact that Doctors refuse to treat the CGHS patients if their cases are not referred by the CGHS dispensaries.

(o) if so, what are the reasons therefor; and (d) what are the remedical steps Government are taking in this regard?